

## Paycheck Stop Payment Request

**TO: Office of State Treasurer:**

**Fax # 785-296-2014**

## Attention: Warrant Section

From: Agency No. \_\_\_\_\_

Requested by: \_\_\_\_\_

Date: \_\_\_\_\_

Fax # \_\_\_\_\_

### Check One

Reprint ☐Reversal ☐

If "Reprint" is checked, please issue a reprint for the following paycheck which has been:

Lost ☐Destroyed ☐

Stolen ☐

Was not received by the payee ☐

## Paycheck Information

Paycheck Number:

Paycheck Net Amount: \$

Original Issue Date:

Payee Name: \_\_\_\_\_

Payee SSN:

Address:

Payee Signature Line (Agency Option)

Agency contact:

Telephone Number: \_\_\_\_\_

Reprint check #:

Issue date of Reprint: \_\_\_\_\_

State Treasurer's Use  
Treasurer's Approval

By: \_\_\_\_\_

Date: \_\_\_\_\_

## Paycheck Funding Information

[illegible]